

EXHIBIT C

REQUEST FOR PERSONNEL ACTION/NEW HIRE

(PFF-87) - Revised 4-98-00

NEW JERSEY DEPARTMENT OF PERSONNEL • OFFICE OF REGIONAL SERVICES

ENTER TRANSACTION
EFFECTIVE DATE HERE

1 / 9 / 01

INSTRUCTIONS: See back for instructions for the completion of this form and for explanations of the Data Codes used. Do not make entries in shaded areas.

SECTION A — EMPLOYEE IDENTIFICATION, TITLE AND SALARY DATA

Employee Name (Last, First, Middle Initial)		Home Address (Only if desired for use by jurisdiction)		Social Security No.	
Percella, Stacie		25 W. 40th St. Bayonne, N.J. 07002		145604047	
Juris./Dept. Code	Jurisdiction	Department		Division or Bureau	
N090100	11 Bayonne	Health & Welfare		046003	
Title		Title Code	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Weekly Work Hours	EEO Job Code EEO Function Code
Clerk.		01245		40	
Base Salary \$22,803		Rate Period Pay Frequency	Salary Range 18429-25780		
		Additional Compensation Type: Amount: \$			

SECTION B — PERSONAL, EDUCATION AND MISCELLANEOUS DATA

Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	EEO Ethnic Code	Date of Birth	Service Entry Date	Physical/Mental	Highest Education Level	College Credits
		1 / 9 / 65				
Major Subject		Resident of Jurisdiction? (If No, enter municipality and county of residence)			Machines Operated/License Registered	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

SECTION C — TRANSACTION REQUESTED APPROVED (Do not make entries in shaded areas)

<input checked="" type="checkbox"/> PERMANENT APPOINTMENT: <input type="checkbox"/> From Open Competitive Cert. dated _____ <input checked="" type="checkbox"/> To Non-Competitive Division Position <input type="checkbox"/> From Special Reemployment Cert. dated _____ <input type="checkbox"/> From Regular Reemployment Cert. dated _____ <input type="checkbox"/> Specific Legislation—Chapter _____, PL _____ <input type="checkbox"/> Regular Appointment Redundant/Discontinuity		<input type="checkbox"/> PROVISIONAL APPOINTMENT: <input type="checkbox"/> Pending Open Competitive Examination <input type="checkbox"/> Pending Promotional Procedures <input type="checkbox"/> NJAC 4A:4-1.3 O/C Certification dated _____ <input type="checkbox"/> NJAC 4A:4-1.3 Promotion Certification dated _____ <input type="checkbox"/> Lateral Title Change — Qualifying Examination <input type="checkbox"/> _____	
<input type="checkbox"/> UNCLASSIFIED APPOINTMENT: (If checked above, give Citation NJSA _____) <input type="checkbox"/> Unclassified Appointment Disapproved (See Section D below).		<input type="checkbox"/> TEMPORARY/EMERGENCY APPOINTMENT <input type="checkbox"/> 6 months or less—aggregate <input type="checkbox"/> 30 work days or less—emergency <input type="checkbox"/> Grant — 12 months or less <input type="checkbox"/> Interim — Replacing	
<input type="checkbox"/> REASSIGNMENT _____		<input type="checkbox"/> Duties Classified As/Correct Title Is: Title _____ Title Code: _____	

SECTION D — EXPLANATIONS (If more space is needed, continue on back).**SECTION E — CERTIFICATIONS AND SIGNATURES**

1. **EMPLOYER:** I certify that the statements made concerning me in Section B are to the best of my knowledge true and correct.

SIGNATURE OF EMPLOYEE Stacie Percella DATE 01/09/01

2. **APPOINTING AUTHORITY:** I certify that the action herein requested is consistent with and conforms to pertinent Personnel Rules and Regulations and that, if an appointment, such appointment has been made in accordance with legal requirements and that the position in question has been legally established in accordance with ordinance or resolution.

SIGNATURE Rigido Perrezo DATE 4/9/01 TITLE Dir. of H&W

3. DEPARTMENT HEAD SIGN HERE

4. PERSONNEL OFFICER SIGN HERE

(FOR JURISDICTION USE)

☐ Continued on back.

DO NOT MAKE ANY ENTRIES BELOW • FOR N.J.D.P. USE ONLY

STATUS AVAILABLE LISTS	<input type="checkbox"/> NO LIST EXISTS <input type="checkbox"/> SPECIAL REEMPLOYMENT LIST <input type="checkbox"/> REGULAR REEMPLOYMENT LIST	
	<input type="checkbox"/> O/C LIST: Symbol _____ Expiration Date _____	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
	<input type="checkbox"/> FROM LIST: Symbol _____ Expiration Date _____	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
	<input type="checkbox"/> EXAM ANNOUNCED: Symbol _____ Expiration Date _____	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
<input type="checkbox"/> NO APPROPRIATE LIST. <input type="checkbox"/> APPROPRIATE LIST EXISTS: Certify as appropriate from: <input type="checkbox"/> O/C List <input type="checkbox"/> From List <input type="checkbox"/> Exam Announced <input type="checkbox"/> No Appropriate List		
Title of List to be used as appropriate		Information Verified by _____ Date _____
EXAM-GENERATION SECTION Announces O/C Exam Open to:		APPROVALS: Signature _____ Date _____ Signature _____ Date _____ SIGNATURE _____ PERCELLA-0145 APPROVAL _____
1 <input type="checkbox"/> JURISDICTION ONLY: <input type="checkbox"/> PAT-Prepared 2 <input type="checkbox"/> JURISDICTION AND: 3 <input type="checkbox"/> COUNTY ONLY 4 <input type="checkbox"/> CONTIGUOUS COUNTIES ONLY 5 <input type="checkbox"/> STATE ONLY		